

Docket No. <b>30750</b>
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## Declaration and Power of Attorney For Patent Application

### English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### NEURONAL REGENERATION AND COMPOUND ADMINISTRATION METHODS

the specification of which

☐ is attached hereto.

☒ was filed on 9 June 2004 as ~~United States Application No.~~ or PCT

**International Application Number** PCT/IL2004/000492

~~and was amended on~~ \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of federal Regulations, Section 1.56. Including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Day/Month/Year Filed)

☐

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I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

60/476,912

(Application Serial No.)

9 June 2003

(Filing Date)

\_\_\_\_\_  
(Application Serial No.)

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

Martin MOYNIHAN      Registration Number 40,338

Send Correspondence to: **Martin MOYNIHAN**  
PRTSI, Inc.  
P.O. Box 16446  
Arlington, Virginia 22215

Direct Telephone Calls to: *(name and telephone number)*

**Martin MOYNIHAN**      Tel. No. (703) 598-7851  
Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR	<b>Michael FAINZILBER</b>
Sole or first inventor's signature	<u><i>M. Fa</i></u> Date <u>21/12/05</u>
Residence	: 4 Michael Cohen Street, 76424 Rehovot, Israel
Citizenship	: Israeli
Post Office Address	: 4 Michael Cohen Street, 76424 Rehovot, Israel

FULL NAME OF SECOND INVENTOR , IF ANY	<b>Shlomit HANZ</b>
Second inventor's signature	_____ Date _____
Residence	: 14 Kitrony Street, 49390 Petach Tikva, Israel
Citizenship	: Israeli
Post Office Address	: 14 Kitrony Street, 49390 Petach Tikva, Israel

FULL NAME OF THIRD INVENTOR , IF ANY	<b>Eran PERLSON</b>
Third inventor's signature	_____ Date _____
Residence	: 5a Oranim Street, Ramat-Ilan, 54052 Givat Shmuel, Israel
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FULL NAME OF SOLE OR FIRST INVENTOR      **Michael FAINZILBER**

Sole or first inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence : 4 Michael Cohen Street, 76424 Rehovot, Israel

Citizenship : Israeli

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FULL NAME OF SECOND INVENTOR , IF ANY      **Shlomit HANZ**

Second inventor's signature Shlomit Hanz Date 3/11/05

Residence : 14 Kitrony Street, 49390 Petach Tikva, Israel

Citizenship : Israeli

Post Office Address : 14 Kitrony Street, 49390 Petach Tikva, Israel

FULL NAME OF THIRD INVENTOR , IF ANY      **Eran PERLSON**

Third inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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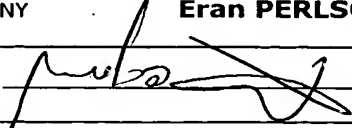
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FULL NAME OF THIRD INVENTOR , IF ANY	<b>Eran PERLSON</b>
Third inventor's signature	 _____ Date <u>6/12/05</u> <u>6/12/05</u>
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